

PTO/SB/01 (12-97)

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Attorney Docket Number **DTC 00-03 DECLARATION FOR UTILITY OR** Louis H. Sciupac **First Named Inventor** DESIGN **PATENT APPLICATION COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** 09 / 619,028 July 19, 2000 Filing Date Declaration Submitted after Initial □ Declaration Submitted OR Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
OPTICAL MEMORY CARD BASED E-COMMERCE BUSINESS METHOD										
the specification of which (Title of the Invention) is attached hereto										
OR was filed on (MM/DD/YYYY) July 19, 2000 as United States Application Number or PCT International										
Application Number 09/619.028 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
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	ition numbers are listed on a									
I hereby claim the benefit u	inder 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	sted below.						
Application Number(s) Filing Date (MM/DD/YYYY)										
			Additional provisional applic numbers are listed on a supplemental priority data s PTO/SB/02B attached here							
	I									

[Page 1 of 2]

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DECLARATION Iltility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				1	Parent Filing Date (MM/DD/YYYY)			•		ent Patent i (if applicat			
		Marris	<u> </u>				VIIVI	0/1111			(п аррпса	oie)	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 003897 Place Customer Number Bar Code													
				Registered pra- Regist		name	ne/registration number list			ow L		Label here Registration	
Th (Nam			Num	nber		<u> </u>		me		Number		
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John P. N		e, Jr.		41,984				a McCar			43,0		
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Direct all corre	esponae			er Number Code Label	00389	OR X Correspondence address below						Iress below	
Name	Thor	mas Schneck											
Address	P.O.	O. Box 2-E											
Address													
City	San	o Jose				s	State CA ZIP			951	95109-0005		
Country	USA	\		Telephor	1e 408	/297	-973	3	Fax 408/297-9748			3	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that 'hese statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:								entor					
Given Name (first\and middle [i/any])					Family Name or Surname								
	Louis H.					Sciupac							
Inventor's Signature		1 Contract				Date 8/7/0							
Residence: C	sesidence: City Santa Clara State		CA	0	ountry	U.S.	١.		Citizenship	U.S.A.			
Post Office Ad	Post Office Address 528 Hubbard Avenue												
Post Office Ad	Post Office Address												
City		Santa Clare	State	CA	ZIP	9	5051		Cou	intry	U.S.A.		
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname							
Richard M.				// Haddock								
Inventor's Signature		Ζ,	Date 8/7/00									
Residence: City	Redwood City	State	64		Country	U.S.A.		Citizens	ship	U.S.A.		
Post Office Address	703 Vernal Way											
Post Office Address							-	-				
City	Redwood City	State	CA		ZIP	94062	Country	, U.S	s.A.			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									ventor			
Given Na	me (first and middle [if any])				Family Name or Surname							
inventor's Signature		•	Date									
Residence: City		State			Country			Citize	nship			
Post Office Address												
Post Office Address	3											
City		State			ZIP		Count	try				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor				
Given Name (first and middle [if any])					Family Name or Surname							
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Inventor's Signature								Da	te			
Residence: City	State				Country				Citizenship			
Post Office Address												
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City		State			ZIP		Co	ountry				

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